<Form 7: Graduate School>



**EWHA WOMANS UNIVERSITY**

EWHAYEODAE GIL 52, SEODAEMUN-GU, SEOUL 03760, KOREA

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***LETTER OF CONSENT***

*To whom it may concern :*

*I have applied to Ewha Womans University in Seoul, Korea for the 2023 academic year and agreed that Ewha Womans University could rightfully make a request to you for my school records.*

*In this regard, I would like to ask you to provide your full assistance to Ewha Womans University when they contact you regarding verification of enrollment and transcripts.*

***Name*** *: (****Signature****)*

***Date of birth(month-day-year)*** *: - -*

***Name of university :***

***Address of university :***

***E-mail address of university (Registrar) :***

***Date of admission(transfer from another university) : - -***

***Date of graduation(transfer to another university) : - -***

***Student ID*** *:*

***Date : (MM) - (DD) - 2022***

◇ 재학한 외국학교 수만큼 본 양식을 별도로 작성

(학교주소 및 E-mail 주소는 학력조회담당자(혹은 부서)의 정보를 정확히 작성)

◇ 제출기한 : 2022. 12. 23.(금)까지 이메일 제출

◇ 보낼 곳 : gradean@ewha.ac.kr